Retno:		
-	Office 1	Use Only

Withholding Tax

W-4P Withholding Certificate for		OMB No. 1545-0415		
Department of the Treasury Internal Revenue Service	Pension or Annuity Payments For Privacy Act and Paperwork Reduction Act Notice, see page 4.			
Type or print your full i		Your social security number		
(f		Claim or identification number (if any) of your pension or		
City or town, state, and	, and ZIP code annuity contract			
Complete the follow	ving applicable lines:			
1 Check here if you	lo not want any Federal income tax withheld from your pension or annuity. (Do not com	plete line 2 or 3.) ▶ □		
	allowances and marital status you are claiming for withholding from each pe			
Marital status:	(You may also designate an additional dollar amount on line 3.)	(Enter number		
3 Additional amour	it, if any, you want withheld from each pension or annuity payment. Note: For p	of allowances.) eriodic payments,		
you cannot enter	an amount here without entering the number (including zero) of allowances or	n line 2 ▶ \$		
Your signature ▶	Date ▶			
Tour Signature	Cat. No. 10225T	· · · · · · · · · · · · · · · · · · ·		
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istructions to	r completing this form.			
INE ONE:	Use this line if you do not wish to have any	deduction taken from		
IIIIL OILL.	your retirement allowance.	deduction taken nor		
	(If you choose this line, <u>DO NOT complete line</u>	2 or 3)		
	(ii you onloced the line; <u>bo Not complete line</u>	, <u>L</u> 01 0 .)		
INIE TWO	Use this line if you wish to have standard IRS	3 4 dadaattaa toko		
INE TWO:				
	from your retirement allowance. (For example and wish 2 deductions, use this portion of the			
	•	•		
	(If you choose this line, DO NOT complete line	<u>; i Ul 3</u> .)		
		_		
INE THREE:	If you know the precise amount you wish to have withheld from you			
	retirement allowance, put that amount on this line. (If you choose this line, DO NOT complete either line 1 or 2 .)			
	UI VOU CHOOSE THIS LINE DO NOT complete eith	ner line 1 or 2)		